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						Application or Docket Number					
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		Effective		91660467							
	CLAIMS AS FILED - PART I						LL ENTITY		OTHER		
FO	)P		column 1) ER FILED	(Colur NUMBER E		TYP		OR	SMALL		
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**	If the "Highest Nur	mber Previously Pa	aid For" IN THI	IS SPACE is less tha	an 20. enter "20."	ADDIT. I	TAL EE	OR	TOTAL ADDIT. FEE		
	""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										